Combined Declaration For Patent Application and Power of Attorney								ATTORNEY DOCKET 83018NAB				
As below named inventor, I hereby declare that:  My residence, post office address and citizenship are as stated below next to my name,  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
METHOD FOR LAMINATING AN OVERLAY TO VERIFY A PATTERN OR AS A PATTERN												
The specification of which (check only one item below):												
X is attached hereto.												
was filed as United States Application Serial No. on and												
was amended on (if applicable).												
was filed as PCT international application Number on and was amended on (if applicable).												
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment												
referred to above.  I acknowledge the duty to disclo	se to the U.S. Pat	ent & Trademark	Office	all information known to	me to be mat	terial to 1	natentahilits	, as defin	ed in Title			
I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.												
I hereby claim foreign priority b certificate, or (365 (a) of any PC		-			, ,	• • •	` '	-				
and have also identified below a	-	- ',	_	-				•				
one country other than the Unite	d States of Americ	ca filed by me on	the sam	e subject matter having a	filing date be	efore tha	t of the app	lication(s	) of which			
priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:												
COUNTRY (# PCT, indicate PCT)	A	PFLICATION NUMBER		DATE OF FILING (mnth/tayyear)			PRIORITY CLAIMED	UNDER 35 USC	<b>§</b> 119			
							YES		Ю			
							YES		NO			
							YES		NO			
I hereby claim the benefit under	Title 35, United S	tates Code, 119 {	$\S(e)$ of a	ny United States provision	al application	n(s) liste	d below:					
PRIOR PROVISIONAL APPL	ICATION(S) AN	D ANY PRIOR	ITY CL	AIMS UNDER 35 U.S.C	. §119 (e):							
PRIOR PROVISIONAL APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119 (e):  PROVISIONAL APPLICATION NUMBER    FILING DATE (minimum/yeler)												
						··· ·						
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/thos prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:  PRIOR US APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S FOR BENEFIT UNDER												
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Со	Combined Declaration For Patent Application and Power of Attorney (Continued)  ATTORNEY DOC 83018NAB											
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or												
agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute												
this application and transact all business in the Patent and Trademark Office connected												
therewith.												
Send Correspondence to:  Direct Telephone Calls to:  (name and telephone number)												
			Legal Sta		(name and telepho	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
				Company	Nelson A.	Nelson A. Blish						
			te Street		(716) 588-2							
Rochester, NY 14				14650-2201	1 ` ′	FAX: (716) 477-4646						
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME						
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	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	COUNTRY OF CITIZENSHIP						
6	PUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COD	STATE & ZIP CODE (COUNTRY)						
!		that all statements made herein o	f my own kr	l nowledge are true and that all statemen	nts made on information	and helief are helieved to he						
true	e; and further	that these statements were mad	le with the	knowledge that willful false statemen	nts and the like so mad	le are punishable by fine or						
-	orisonment, o: reon.	r both, under 18 U.S.C. 1001, an	d that such	willful false statements may jeopardiz	e the validity of the app	olication or any patent issued						
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